Approved, SCAO			OSM CODE: RRA
STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOMINATION	GHT TO APPOINTMENT, OF PERSONAL ND WAIVER OF NOTICE	FILE NO.
Estate of			
<ol> <li>I,</li></ol>			pointment as personal representative
as personal representative.		Name (typ	pe or print)
☐ I renounce my right to nominate	a qualified person to act	as personal representative	<b>}.</b>
4.   I waive notice of the appointme	nt.		
		Date	
Attorney name (type or print)	Bar no.	Signature	
Address		Address	
City, state, zip	Telephone no.	City, state, zip	Telephone no
NOTE: A person with priority as detern nominate a personal representative.	nined by a probated will inc	cluding a person nominated	by a power conferred in the will canno

Do not write below this line - For court use only